Name in Full

Certificate of Death

Mrs. Sarah Burriss

Died ~~at~~ near Town Burrisville County Caroline MARYLAND

Date 19 00 Month 1 Day 11 | Age Y. 73 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~[illegible]~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife Jas. Burriss

Father's Name Hollingsworth Mother's Maiden Name 52

Cause of Death Primary Cirrhosis of spinal column | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Centreville Observer 1-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full

Certificate of Death

Rosa Elnora Lamon

Died at Town Reliance County Caroline MARYLAND

Date 1900 Month Jan Day 31 Age Y. 18 M. D. Native of md Occupation Servant

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Moses Lamon Mother's Name Annie Lamon

Cause of Death: Primary 131 How long sick 3 days

Immediate Puerperal Eclampsia

~~Accident, Suicide, Homicide~~

Reported by R Kemp Jefferson

Address Federalsburgh md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85069

Name in Full

Certificate of Death

Peter J. Duhadaway

Died at Town: Goldsboro County: Caroline MARYLAND

Date 1900 Month: Jan. Day: 21 | Age Y. 48. M. D. | Native of Md. | Occupation Laborer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 5

Husband / ~~Wife~~ of Mary Tribbet Duhadaway

Father's Name

Mother's Name

Cause of Death: Primary Paralysis & Brain 44 — How long sick About one hour

Immediate

~~Accident, Suicide, Homicide~~

Reported by H. J. Leoffroth M.D.

Address Greensboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65960

Name in Full Jas. Green

Certificate of Death

Died at Town Marydell County Caroline MARYLAND

Date 19 Month 0 Day 8 | Age Y. 56 M. D. | Native of Del | Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of Miss. Trazier

Father's Name Mother's Maiden Name 66

Cause of Death { Primary Bursting blood vessel | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Centreville Observer 1-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Lewis Hammond

Certificate of Death

Died at Town Smithville County Caroline MARYLAND

Data ~~1899~~ 1900 Month Jan Day 25 Age Y. 1 M. 6 D. Native of Md Occupation

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widowar~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Chas Hammond Mother's Name Rachel Holland

Cause of Death Primary 49 How long sick 2 days

Immediate Spasms ~~Accident, Suicide, Homicide~~

Reported by R Kemp Jefferson

Address Federalsburgh Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969

Name in Full

Certificate of Death

Mrs. Celia Matthews

Town

County

Caroline

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	21	87				

Date 19 07

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161

Immediate

How long sick

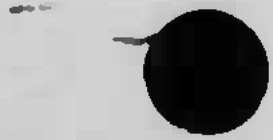
Accident, Suicide, Homicide

Reported by American Union 1-25-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70899



Name in Full — Certificate of Death

Mrs. Caroline Phillips

Died at Town: Denton — County: Caroline — MARYLAND

Date 19 9 — Month: 1 — Day: 19 — Age: Y. 71 M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 2

~~Husband~~ / Wife of Geo. Phillips

Father's Name — — Mother's Maiden Name Cannon

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Union 1-20-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70688

Name in Full | Certificate of Death

Robert Brady Russom

Died at ~~Jan 25~~ Town Greensboro County Caroline Co MARYLAND

Date 1900 Month Jan Day 26 | Age Y. 73 M. 3 D. | Native of Maryland | Occupation Merchant

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of

Father's Name John H. Russom | Mother's Name Annie Russom

Cause of Death: Primary Diabetis 28 | How long sick Several years

Immediate Coma | ~~Accident, Suicide, Homicide~~

Reported by H. J. Coffroth M.D.

Address Greensboro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full: Sallie Seymour

Certificate of Death

Died at: Town: Denton County: Caroline MARYLAND

Date 1900 Month 1 Day 22 Age Y. 34 M. D. Native of U.S. Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of John H Seymour

Father's Name: Shad West Mother's Name: Not known

Cause of Death: Primary: Influenza 9 How long sick: 12 days

Immediate: Same ~~Accident, Suicide, Homicide~~

Reported by: P R Fisher M. D and G. Howell Jr

Address: Denton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. C R Fisher

of Dunton Bldg

Seen by Coroner

of

Name in Full

Certificate of Death

Maria Walley

Died at Town Hillsboro County Caroline MARYLAND

Date ~~189~~ 1900 Month Day Jan 7 | Age Y. M. D. about 80 yrs | Native of Maryland | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living Three

~~Husband~~ of ~~Wife~~

Father's Name Cant ascertain

Mother's Name Cant ascertain

Cause of Death: Primary 161 | How long sick about 3 weeks

Immediate | Accident, Suicide, Homicide

Reported by J L Russum Undertaker

Address Hillsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full — Certificate of Death

Susan Wilson

Died at — Town: Near Denton — County: Caroline — MARYLAND

Date 1900 — Month: 1 — Day: 12 — Age: Y. 72 M. D. — Native of: Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: Six

~~Husband~~ / Wife of James Wilson 72

Father's Name: Isaac Anderson — Mother's Name: Lydia Anderson

Cause of Death — Primary: Bronchial Catarrh — How long sick: 2 days

Immediate: Acute Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by: Samuel Powell Md

Address: Denton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Attended by S. P. Manship

of Denton Md.

Seen by Coroner

of